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or the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Attorney Docket No. TITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 8734.034 C1 In re Application of Woo Hyun KIM, et al. Filed **Application Number** October 21, 2003 10/688,920 LIQUID CRYSTAL DISPLAY PANEL AND METHOD FOR For: MANUFACTURING THE SAME Art Unit 2871 Examiner Thoi DUONG This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and appropriate non-small-entity fee are as follows (check time period desired): \$ One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) \$ \$ 1020.00 Three months (37 CFR 1.17(a)(3)) \$ Four months (37 CFR 1.17(a)(4)) \$ Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. A duplicate copy of this sheet is enclosed. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Štatement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(8 February 12, 2007 Date (202) 496-7500 Rebecca G. Rudich Telephone Number Typed or printed name NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below Total of forms are submitted. CKHLOK 445/05 3865800 50000000 -1020.00 GP 09999993 10688928

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3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED	6 AMOUNT	
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